

Course Evaluation Form Template

caBIG™ Training Session - Feedback and Evaluation

(Word version of this document)

1. Name/Contact: (Optional): _____
(If you ask a question or have a request needing a response, please include contact information)

2. caBIG™ Workspace (if applicable) _____

3. Role: _____

Please place a check or "X" in the box that best reflects your answer to each question below:

Did the training meet its objectives?	Did Not Meet Expectations	Met Expectations	Exceeded Expectations	Not Applicable
<i>Trainer: List objectives of your training in the spaces below.</i>				

Overall Course Evaluation

Course Design	Did Not Meet Expectations	Met Expectations	Exceeded Expectations	Not Applicable
Difficulty of course:				
Pace of course:				
Length of course:				
Content covered in course:				
Time allocated for questions:				
Training Environment (DELETE SECTION FOR CBT/WBT)				
Classroom location:				
Room set up:				
Room temperature:				
Room acoustics:				
Appropriate use of technology:				
Content Presentation				
Organization/logical order of content:				
Quality of course slides & handouts:				
Relevance of materials:				
Quality of exercises:				
Supportiveness of trainer:				

Ability to relate material to job tasks:				
Clarity of presentations/explanations:				

What went well for you during this training? What should we keep doing next time?

What didn't go so well for you? What would you like to see done differently next time?

What other courses would you like to see offered?

What else would you like to tell us?